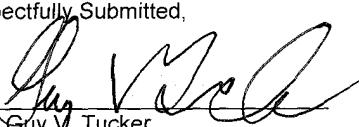


**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of: Schuler et al.	Group Art Unit: 3731
Application No: 10/601,127	Examiner: Erezo, Darwin P.
Confirmation No: 5998	Attorney Docket No: NK.0047.10
Filed: June 19, 2003	July 7, 2008
Title: SYSTEMS AND METHODS FOR AEROSOLIZING PHARMACEUTICAL FORMULATIONS	San Francisco, California 94107

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	<b>Extension of Time</b>		
<input type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136			
<b>Papers Enclosed</b>  <input checked="" type="checkbox"/> Request for Continued Examination (RCE) <input type="checkbox"/> Drawings <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form <input type="checkbox"/> Citations <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return	<b>Extension (Months)</b>  <input type="checkbox"/> One Month <input type="checkbox"/> Two Months <input type="checkbox"/> Three Months	<b>Extension Fee</b>	
		Large Entity	Small Entity
		\$120.00	\$60.00
	\$460.00	\$230.00	
\$1,050.00	\$525.00		
<b>Total \$ 0.00</b>			
<input checked="" type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.			

<b>Fees for Extra Claims</b>						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	<b>Rate</b>		<b>Additional Fee</b>
				Large Entity	Small Entity	
Total Claims	26	52	0	\$50.00	\$25.00	\$0.00
Independent Claims	2	6	0	\$210.00	\$105.00	\$0.00
Multiple Dependent Claims	0	0	0	\$370.00	\$185.00	\$0.00
Supplemental Information Disclosure Statement						
						<b>Total</b>
						<b>\$0.00</b>

<b>Fee Payment</b>		<b>Fee Deficiency</b>
Extension Fees	\$ 0.00	<input type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> . and/or <input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> .
RCE Fee	\$810.00	
Total	<b>\$810.00</b>	
<input type="checkbox"/> Attached is check no. _____ in the sum of <u>\$0.00</u> . <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of <b>\$810.00</b> .		Please direct telephone calls to: Guy V. Tucker at (415) 538-1555 Please send correspondence to: Janah & Associates, P.C. 650 Delancey Street, Suite 106 San Francisco, CA 94107
<b>CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a):</b>  I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, facsimile transmitted to the U.S. Patent and Trademark Office at (571)273-8300, or electronically filed, on the date shown below.  By: <u>Leslie Mills</u> Date: July 7, 2008 Leslie Mills		
		Respectfully Submitted,  By: <u>Guy V. Tucker</u> Guy V. Tucker Registration No. 45,302
		Date: July 7, 2008